

## **Application Information**

Application number::

Filing Date:: 01/04/02

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: No

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: No

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: SPINAL NEEDLE SYSTEM

Attorney Docket Number:: 170134.401

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 9

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency:: No

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No



### **First Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

E.

Given Name:: Vincent

Middle Name::

Family Name:: Bryan

Name Suffix::

City of Residence:: Mercer Island

State or Province of Residence:: WA

Country of Residence::

Street of mailing address:: 4624 E. Mercer Way

City of mailing address:: Mercer Island

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98040

# **Second Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Alex

Middle Name::

Family Name:: Kunzler

Name Suffix::

City of Residence:: Issaquah

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 22748 S.E. 43 Court

State or Province of mailing address::

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98029

### **Correspondence Information**

City of mailing address::

Correspondence Customer Number :: 00500

#### Representative Information

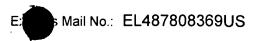
Representative Customer Number::	·	00500
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Issaquah

WA

### **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
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# Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

# **Assignee Information**

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	

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